



North Carolina Department of Health and Human Services
Division of Public Health

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Public Health Advisory

TO: North Carolina Medical Providers

FROM: Victoria Mobley, MD MPH
Medical Director HIV/STD Program

SUBJECT: Increasing Early Syphilis cases in North Carolina

Early syphilis infections in North Carolina continue to rise. Compared to the same time period in 2014, early syphilis cases in the first 3 months of 2015 increased by 56%.

Due to this substantial increase in early syphilis infections, we are asking all medical providers to enhance sexually transmitted infection (STI) prevention services to your patients. New syphilis infections are primarily occurring among men, especially men who have sex with men (MSM) and HIV-positive individuals. Enhancing STI prevention services to these patients may efficiently address the rise in early syphilis infections and improve the health of our fellow North Carolinians.

SCREENING, EMPIRIC TREATMENT, AND PARTNER NOTIFICATION

Please strongly consider integrating the following recommendations into your clinical practice:

- Perform syphilis serologic testing for anyone with signs or symptoms of syphilis. Common signs of syphilis include genital/oral/anal ulceration or a generalized rash, often involving both the palms and soles.
- Empirically treat, **without waiting for test results**, any patient who presents with classic features of primary or secondary syphilis OR who has had a recent sexual exposure to an early syphilis case.
- Up to 30% of patients with primary syphilis infections may have negative syphilis serologic tests, thus clinical findings consistent with primary syphilis should be **presumptively treated even if serologic testing is negative**.
- Perform syphilis serologic screening for all MSM and HIV-positive patients **at least once annually**, and **every 3 months** for individuals with ongoing high-risk behaviors. High-risk behaviors include having multiple or anonymous sexual partners, engaging in unprotected intercourse, or having sex in conjunction with illicit drug use.

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- North Carolina's Administrative Code requires syphilis serologic screening be performed on all pregnant women at the **first** prenatal visit, between **28-30 weeks** gestation and **at delivery**, (10A NCAC 41A .0204 CONTROL MEASURES - SEXUALLY TRANSMITTED DISEASES).
- Assess for signs of ocular or other neurologic involvement in **ALL** patients with a new syphilis diagnosis.
- HIV serologic screening should be performed in **ALL** patients with a new syphilis diagnosis unless they are already known to be HIV-positive.
- Encourage all patients with primary, secondary or early latent syphilis to notify their sexual partners of the need to seek testing and treatment.

REPORT ALL PRIMARY, SECONDARY AND EARLY LATENT SYPHILIS CASES

Local Health Departments and the Communicable Disease Branch employ confidential means to locate and notify the partners of all early syphilis cases to prevent continued transmission.

- Reporting of all new early syphilis cases within 24 hours of diagnosis to public health is required by law in North Carolina. Your timely reporting of new cases is critical to the success of prevention and partner notification efforts.
- Physician disease report cards should be completed and faxed to your local health department within 24 hours of disease diagnosis or treatment for presumed syphilis.
- Additional information about disease reporting in North Carolina and a downloadable disease report form can be found at: http://epi.publichealth.nc.gov/cd/docs/dhhs_2124.pdf

TREATMENT OF EARLY SYPHILIS INFECTIONS

CDC Treatment Guidelines for syphilis can be accessed at: <http://www.cdc.gov/std/treatment/2010/genital-ulcers.htm#a5>

- First-line treatment of primary, secondary and early latent syphilis infections is with a one-time dose of 2.4 million units of Benzathine Penicillin G (Bicillin L-A) for non-allergic patients
- Penicillin allergic, **non-pregnant**, patients can be treated with doxycycline 100 mg orally twice daily for 14 days.
- Pregnant women who are penicillin allergic **MUST** be desensitized and treated with penicillin.
- If you do not have Bicillin readily available in your practice, please **refer the patient** to your local health department for appropriate treatment.

Please help us increase awareness among your patients of this serious statewide rise in early syphilis infections and what they can do to prevent infection. If your patients would like to learn more about syphilis or other STIs and how to prevent them please refer them to NC's Communicable Disease Branch website, <http://epi.publichealth.nc.gov/cd/lhds/manuals/std/stds.html>.

We appreciate your commitment to maintaining and promoting the health of all North Carolinians. For any questions or assistance please contact the NC Communicable Disease Branch at 919-733-3419.